

Montana Developmental Center

Overview and Recent Independent Review

Prepared by Sue O'Connell
for the Children, Families, Health, and Human Services Interim Committee
June 2012

Background

The Montana Developmental Center (MDC) in Boulder is a residential facility that provides services to severely developmentally disabled adults who cannot be served effectively in the community.

In May 2010, an MDC resident alleged that a staff member had sexual contact with her. The staff member pleaded guilty in May 2011 to a felony charge of sexual assault. Several agencies investigated the assault, as well as reports made by other residents. The Montana Department of Justice report was made public in April 2012 by court order.

Following release of that report, the Children, Families, Health, and Human Services Interim Committee decided to obtain more information about steps the state has taken to ensure resident safety at MDC. This briefing paper provides background information on the facility and on a review undertaken by the independent Mental Disabilities Board of Visitors.

About MDC

MDC provides the most restrictive setting for developmentally disabled people who are receiving state services. In recent years, about 65 clients have lived there at any given time. Individuals are committed by a court to MDC either because they pose a danger to themselves or others or because they have been convicted of a crime but placement in prison is not appropriate. Many residents have both a developmental disability and a mental illness.

The Legislative Fiscal Division's *Legislative Fiscal Report – 2013 Biennium* shows that the 2011 Legislature appropriated about \$15.5 million a year for MDC operations in this 2-year budget period. MDC receives both general fund and state special revenue funds. It also receives about \$9 million a year in Medicaid reimbursements, which are deposited in the general fund.

The report also provides the following information:

- The average cost of services is \$280,000 per person. The cost stems in part from the staffing requirements needed to ensure safety and ensure appropriate treatment for individuals with significant needs.
- The 2011 Legislature approved a plan to reduce the number of licensed beds by 12 this biennium, to 56 beds. The Department of Public Health and Human Services (DPHHS) proposed to move 12 longtime residents into community services because the changing nature of the MDC population posed safety concerns for those individuals.
- The campus has six cottages capable of housing 44 residents. A locked, secure facility known as the Assessment and Stabilization Unit (ASU) can house up to 12 more residents who are a danger to themselves or others.

Board of Visitors Review

The Mental Disabilities Board of Visitors is responsible for making sure that MDC residents are treated humanely and that treatment is consistent with clinical and other professional standards. The board visits the facility, reviews treatment plans, investigates allegations of mistreatment, and makes recommendations for improvements.

In late 2010, a review team visited MDC to:

- assess whether the facility's internal review following the May sexual assault allegations identified and addressed issues at the root of the situation; and
- analyze the organizational culture that existed before the reported assaults.

The report on the site visit stated that the facility and DPHHS "took some reasonable steps to strengthen MDC's ability to ensure client safety, including revisions of policies and procedures. However, interviews with MDC staff revealed significant frustration and deepening cynicism about problematic aspects of MDC's organizational culture that have not yet been addressed and which have a direct bearing on whether or not efforts to ensure client safety will succeed."

The report's executive summary also made note of the changing nature of the needs of MDC clients, adding: "The complexity of these needs has created a challenge to which MDC has not successfully adapted."

The Board made 31 recommendations for improving operations and services, including:

- define the vision and mission of MDC;
- develop a competent, well-trained, and well-supervised staff;
- develop the ability to analyze and resolve allegations of client mistreatment in a manner that balances investigation of the facts, corrective action, and clinical oversight of the clients; and
- establish clear expectations for effective MDC leadership, including holding leaders accountable for their performance.

The agency's response is attached. DPHHS generally agreed with the recommendations and established target dates for completing them. The full site review report is available on the Board of Visitors website, at: <http://boardofvisitors.mt.gov/content/Docs/mdc2010.pdf>.

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

MONTANA DEVELOPMENTAL CENTER

November 8-9, 2010

Montana Developmental Center Response

Date: July 5, 2011

TO: Alicia Pichette, Interim Executive Director
Mental Disabilities Board of Visitors

FROM: Gene Haire, Superintendent
Montana Developmental Center

RE: Montana Developmental Center Response to November 2011
BOV Site Review Report Recommendations

Recommendation 1:

Revisit the strategic planning process:

- (a) Clearly articulate the vision as the desired or intended future state of MDC - develop a written vision stating what MDC will look like when it is fulfilling its purpose.
- (b) Develop a cogent, succinct, written statement of the purpose of MDC.

MDC Response:

The MDC Leadership Team is in the process of developing vision and purpose/mission statements as described (with BOV input). We will provide these to BOV when completed.

Target Date for completion:

July 15, 2011

Recommendation 2:

Following a period of organizational stabilization, revisit the provisional organizational chart and address the following questions:

- (a) Are the Client Services Director, Unit Coordinator, and Human Services Specialist positions relevant to the mission and support organizational effectiveness?
- (b) Is a "Long Term Care Rehabilitation" unit congruent with the mission of MDC?
- (c) Are the layers of authority excessive?
- (d) Are the multiple chains-of-command necessary?
- (e) Are professional services placed in the organization in a way that maximizes their effectiveness and access to all clients?
- (f) Does the chart clearly depict who the leader of MDC is?

MDC Response:

The MDC Leadership Team is in the process of redesigning MDC's organizational structure and the depiction of this new structure in an organizational chart. We will provide these to BOV when completed.

Target Date for completion:

July 8, 2011

Recommendation 3:

Rework "action step" statements in the strategic planning document so that "who will do what by when" is clearly defined.

MDC Response:

This recommendation has been rendered moot by plans to develop a new strategic plan.

The new strategic plan will be developed in congruence with the five spheres in the BOV report, and will be rolled out in phases with the highest priority in each sphere initially established as an objective with "who will do what by when" action steps.

Target Date for completion:

The new strategic plan (one objective for each BOV report sphere) will be completed by August 12, 2011.

Recommendation 4:

Rework "measurable outcome" statements in the strategic planning document so that they read like this: *"The number of altercations in Unit Six on the 2pm-10pm shift will be reduced by 20% from the baseline of 10 altercations per shift"*.

MDC Response:

This recommendation has been rendered moot by plans to develop a new strategic plan.

Recommendation 5:

Develop a system for measuring the "measurable outcomes" in the strategic planning document and for adjusting accordingly.

MDC Response:

The new strategic plan will include measurable outcomes and a system for measuring them and for adjusting accordingly.

Recommendation 6:

Develop a Quality Improvement Plan and process that is congruent with the vision and purpose of MDC to evaluate and improve all activities related to provision of services to clients.

MDC Response:

MDC is currently in the process of recruiting a Quality Improvement Specialist. The person hired into this position will be responsible for developing MDC's Quality Management system, which will include a Quality Improvement Plan. This plan will be congruent with the new vision and purpose of MDC and will include evaluation and improvement of all activities related to provision of services to people served.

Prior to developing a Quality Improvement Plan, the new Quality Improvement Specialist will preside over the continuation of the current project to ensure that all MDC policies and procedures are congruent with ICF-MR and ICF-DD regulations. Then the Quality Improvement Specialist will develop a system for continuously monitoring a number of quality indicators reflected in the ICF-MR and ICF-DD regulations and MDC policies. This system will be the Quality Improvement Plan.

Target Date for completion:

Hiring the Quality Improvement Specialist: August 12, 2011.

Development of a Quality Improvement Plan: September 23, 2011

Recommendation 7:

Define optimum knowledge and competency expectations specific to working with people with complex multiple developmental, psychiatric, and behavioral disorders for each staff position providing services to clients including supervisors; ensure that knowledge and competency expectations are keyed to the clearly articulated vision/goal --> mission/purpose of MDC.

MDC Response:

The MDC Leadership Team will develop optimum knowledge and competency expectations specific to working with people with complex multiple developmental, psychiatric, and behavioral disorders for each staff position providing services to clients including supervisors. These expectations will be keyed to the new vision and mission/purpose statements.

The MDC Leadership Team will revise the Pre-Service Training policy and procedure.

Target Date for completion:

Knowledge and competency expectations for Psychiatric Aides, Shift Managers, and Treatment Services Staff: August 29, 2011

Pre-Service Training policy and procedure revision: August 29, 2011

Recommendation 8:

Based on optimum knowledge and competency expectations specific to working with people with multiple developmental, psychiatric, and behavioral disorders, develop written training curricula for new staff focused on achieving these knowledge and competency levels. This training should include basic information about all major mental illnesses.

MDC Response:

The MDC Leadership Team will develop training curricula for new staff focused on achieving the newly defined knowledge and competency levels. This training will include basic information about all major mental illnesses.

Target Date for completion:

September 26, 2011

Recommendation 9:

Develop and implement a training protocol for new staff that follows a written curriculum based on defined optimum knowledge and competence expectations specific to working with people with multiple developmental, psychiatric, and behavioral disorders.

MDC Response:

The MDC Leadership Team will develop and implement a training protocol for new staff that follows a written curriculum based on defined optimum knowledge and competence expectations specific to working with people with multiple developmental, psychiatric, and behavioral disorders.

Target Date for completion:

October 17, 2011

Recommendation 10:

Develop a protocol for ensuring that all staff are able to demonstrate defined knowledge and competence specific to working with people with multiple developmental, psychiatric, and behavioral disorders before being assigned to a treatment unit or being assigned to a supervisor position.

MDC Response:

The MDC Leadership Team will develop a protocol for ensuring that all staff are able to demonstrate defined knowledge and competence specific to working with people with multiple developmental, psychiatric, and behavioral disorders before being assigned to a treatment unit or being assigned to a supervisor position.

Target Date for completion:

October 31, 2011

Recommendation 11:

Reconceptualize the line staff role at MDC as a true “paraprofessional” with a vital, participatory role in providing treatment to clients with complex multiple developmental, psychiatric, and behavioral disorders; transform the Psychiatric Aide position to a well-defined Psychiatric Technician position with enhanced knowledge and competence expectations.

MDC Response:

MDC leadership has begun and will continue working to reconceptualize the line staff role at MDC as a true “paraprofessional” with a vital, participatory role in providing treatment to clients with complex multiple developmental, psychiatric, and behavioral disorders.

MDC has begun working with Support Development Associates(SDA) on this and other ways to develop the treatment paradigm at MDC. This process will include hands-on training by SDA trainers for line and treatment services staff and generalization of this training into ongoing learning and application within the residential units and in all other treatment areas.

Target Date for completion:

SDA initial training: by August 15, 2011 (tentative - pending training contract completion).

Recommendation 12:

Reconceptualize the role of supervision at MDC; look at each level of supervision and ask whether it is necessary or redundant; create a culture in which supervisors are expected to be active teachers and mentors in the milieu; hold supervisors accountable.

MDC Response:

(See response to Recommendations 1, 2, and 7-10, 13.)

The MDC Leadership Team is in the process of analyzing the role of supervision - in particular Shift Managers and Unit Coordinators, but also the supervisory/teaching role of Treatment Services staff (Licensed clinical staff and Rehabilitation Services staff). The goal is to fully-integrate direct and indirect supervision into the milieu structure and operation.

Target Date for completion:

(See response to Recommendations 1, 2, and 7-10, 13.)

Recommendation 13:

Develop a comprehensive performance appraisal process for MDC staff at all levels - from line staff to the Superintendent and DDP Director; ensure that performance appraisals are completed consistently and are designed to acknowledge strengths and constructively and supportively address areas needing improvement; hold supervisors at all levels accountable for completing performance appraisals.

MDC Response:

The Superintendent, Clinical Director, Residential Services Director, Treatment Services Director, and Human Resources Manager will revise the current performance appraisal process for MDC staff at all levels. This process will ensure that performance appraisals are completed consistently according to established time lines. Performance appraisals will be designed to acknowledge strengths and constructively and supportively address areas needing improvement. Supervisors at all levels will be held accountable for completing performance appraisals.

The DDP Director is no longer in the MDC chain-of-command.

Target Date for completion:

November 7, 2011

Recommendation 14:

Develop a process for annually reviewing and revising policies with a cross-section of MDC staff.

MDC Response:

(See response to Recommendation 6.)

The new Quality Improvement Specialist will be responsible for ensuring that policies and procedures are current and for revising as necessary. This system will be ongoing and will include an annual review at the beginning of each fiscal year.

Target Date for completion:

September 23, 2011

Recommendation 15:

Develop a process for ensuring that staff can demonstrate working knowledge of new policies and policy changes with specific emphasis on policies addressing client safety/protection and incident reporting and management.

MDC Response:

(See response to Recommendation 6.)

The new Quality Improvement Specialist will be develop a system for ensuring that staff can demonstrate working knowledge of new policies and policy changes with specific emphasis on policies addressing client safety/protection and incident reporting and management.

Target Date for completion:

October 17, 2011

Recommendation 16:

Provide training in Therap[®] to all staff that need to use it.

MDC Response:

MDC participated in two Therap trainings recently, one two-day training in Helena and one two-day, MDC-specific training at MDC. We are in touch with the Therap COO for planning ongoing training - the goal of which is to use Therap to its full potential within six months to one year. We are in the process of establishing a Therap Steering Committee and designating and training MDC staff as Certified Therap Trainers for each applicable organizational unit. The Steering committee will establish the plan for full Therap implementation.

Target Date for completion:

Establishing Therap Steering Committee: July 22, 2011

Having Certified Therap Trainers in place: September 26, 2011

All staff trained: December 2011 - July 2012

Recommendation 17:

Reexamine the incident management process and develop an approach that more critically differentiates between incidents that should be handled as treatment and supervision issues and incidents that legitimately should be investigated.

MDC Response:

The Superintendent has implemented a critical thinking process involving the Clinical Director and Residential and Treatment Services Directors to differentiate between incidents that should be handled as treatment and supervision issues and incidents that legitimately should be investigated.

The Superintendent, Clinical Director, and Client Protection Specialist will develop a new incident management protocol.

Target Date for completion:

Implementation of critical thinking process at the beginning of an "event" report: Established May 30, 2011 and is ongoing.

Development of a new incident management protocol: July 22, 2011.

Recommendation 18:

In order to give allegations that may constitute criminal offenses the proper emphasis, clarify the policy for reporting incidents to law enforcement; use the language in the mental health code "When the allegation ... may constitute a criminal act, the professional person in charge of the [residential] facility shall immediately report the allegation to the appropriate law enforcement authority."

MDC Response:

This will be included in the development of a new incident management protocol.

Target Date for completion:

Development of a new incident management protocol: July 22, 2011.

Recommendation 19:

Reexamine the emphasis on a law enforcement focus in the work of the Client Protection Specialist; broaden the perspective in the position description and in policies and procedures to address the implications of serious, multiple developmental, psychiatric, and behavioral disorders in the process of conducting investigations of allegations of abuse/neglect/mistreatment of clients; require clinical professional involvement in all incident investigations.

MDC Response:

This will be included in the development of a new incident management protocol.

Target Date for completion:

Development of a new incident management protocol: July 22, 2011.

Revision of the Client Protection Specialist position description: August 26, 2011.

Recommendation 20:

Define conflict of interest and develop contingencies when an investigator has a conflict as defined.

MDC Response:

This will be included in the development of a new incident management protocol.

Target Date for completion:

Development of a new incident management protocol: July 22, 2011.

Recommendation 21:

Integrate incident management into Quality Management.

MDC Response:

This will be included in the development of a new incident management protocol.

Target Date for completion:

Development of a new incident management protocol: July 22, 2011.

Recommendation 22:

Require all incident investigation reports to be personally reviewed by the DSD Administrator until there is assurance that the necessary level of critical thinking and decision-making is being applied.

MDC Response:

This recommendation has been rendered moot by MDC leadership changes.

Recommendation 23:

Plan and implement a comprehensive clinical component as part of organizational transformation described in this report.

MDC Response:

A new Clinical Director started work at MDC on May 23, 2011. Since then, two master's level social workers who will attain licensure as clinical social workers, have started work at MDC. A vacant master's level "Psychology Specialist" position is being re-defined as a Licensed Clinical Social Worker position; recruiting will commence for this position soon. The Clinical Director and Superintendent have established a new "Treatment Services Division" within MDC. This division is divided into a Treatment Services Department and a Residential Services Department. The Treatment Services Team is in the process of developing the treatment paradigm for MDC going forward - which will entail full integration of treatment and residential services. MDC is in the process of finalizing plans to contract for training from Support Development Associates in the areas of clinical assessment, therapeutic team building, and holistic treatment, trauma-informed care, and mental illness and developmental disabilities.

Target Date for completion:

Development of a comprehensive clinical component within MDC: started and ongoing.

Hiring a fourth Licensed/Licensable Clinical Social Worker: August 15, 2011.

Completion of clinical training: October 3, 2011

Recommendation 24:

Ensure that all professional staff and staff with clinical mental health credentials have an ongoing, active presence and role in all residential and treatment areas interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful, treatment-based interactions.

MDC Response:

See response to Recommendation 23.

Recommendation 25:

Following from Recommendation 19, develop specific protocols for ensuring that oversight by clinical professionals is built into the process of managing and investigating critical incidents. Integrate fact-finding and clinical expertise into client protection and abuse/neglect investigations.

MDC Response:

This will be included in the development of a new incident management protocol.

Target Date for completion:

Development of a new incident management protocol: July 22, 2011.

Recommendation 26:

Ensure that all treatment plans include a clinical assessment of client history and current clinical/behavioral presentation with regard to sexual abuse/assault, sexualization, and sexual reactivity; ensure that all staff are trained to work with clients with these issues and have the opportunity to ask questions and deal with their own feelings and issues in these areas.

MDC Response:

The Clinical Director and Treatment Services Team will begin including a clinical assessment of client history and current clinical/behavioral presentation with regard to sexual abuse/assault, sexualization, and sexual reactivity in all treatment plans; and will ensure that all staff are trained to work with clients with these issues and have the opportunity to ask questions and deal with their own feelings and issues in these areas.

Target Date for completion:

Revision of assessments of all current clients to include history and current clinical/behavioral presentation with regard to sexual abuse/assault, sexualization, and sexual reactivity: September 5, 2011.

Assessment of all new admissions for history and current clinical/behavioral presentation with regard to sexual abuse/assault, sexualization, and sexual reactivity: Immediately (June 27, 2011).

Recommendation 27:

Establish performance expectations for all MDC staff in leadership positions - including the MDC Superintendent and the DDP Director - that are directly tied to strategic objectives and performance outcomes; develop a process for measuring / quantifying adherence to leadership performance expectations; provide leadership-focused training and coaching to support leaders and to increase leadership success; acknowledge and reward leadership success; consequence non-performance.

MDC Response:

1) The Superintendent and the Developmental Services Division Administrator will establish performance expectations for the Superintendent that are directly tied to strategic objectives and performance outcomes.

Target Date for completion:

September 5, 2011.

2) The Superintendent, Clinical Director, Residential Services Director, Treatment Services Director, and Human Resources Manager will establish performance expectations for Treatment Services staff that are directly tied to strategic objectives and performance outcomes.

Target Date for completion:

October 3, 2011.

3) (See response to Recommendation 13 for performance appraisal.)

4) The Superintendent, Clinical Director, Residential Services Director, Treatment Services Director, and Human Resources Manager will establish leadership-focused training and coaching to support leaders and to increase leadership success.

Target Date for completion:

November 21, 2011.

Recommendation 28:

Use the to-be-developed statement of MDC's purpose as the foundation for decision-making; if the Superintendent or the Management Team is considering doing something that is not consistent with the MDC purpose, it is probably the wrong thing to do. Make every effort to look for alternatives that do not lead down the slippery slope of compromising the purpose of MDC.

MDC Response:

MDC leadership will use the to-be-developed statement of MDC's purpose as the foundation for decision-making.

Target Date for completion:

Started and ongoing.

Recommendation 29:

Start using the data entered into Therap[®] as concrete decision-making and planning tools.

MDC Response:

See response to Recommendation 16.

Recommendation 30:

Contract with a skilled facilitator with clinical skills to work with staff and MDC/DDP leaders in an atmosphere of safety and support to examine the culture at MDC and to map out the way toward a healthy organizational culture.

MDC Response:

Implementation of the recommendations in the BOV report will - we believe - obviate the need for a facilitated process for shifting the organizational culture toward health. The new leadership is fully aware of the problematic aspects of the MDC organizational culture, and is taking the necessary steps to build a new, transformed organization.

Target Date for completion:

Started and ongoing.

Recommendation 31:

Ensure that the Superintendent, Client Services Director, professional services staff and supervisors go into all MDC treatment units on a regular basis and "visit" - spend time - talk with and listen to clients and staff - learn the environment - become a part of the milieu - listen to the frustrations - ask for staff ideas - teach.

MDC Response:

The Residential Services Director who has worked for 36 years at MDC has always maintained a presence in the residences. The Superintendent, Clinical Director, and Treatment Services Director have begun this practice - prioritizing ASU.

Target Date for completion:

Started and ongoing.